



## COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor(s), I (we) hereby declare that:

My (Our) residence, post office address and citizenship(s) are as stated below next to my (our) name(s).

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

# WAVEGUIDE-BASED OPTICAL CHEMICAL SENSOR

the specification of which (check one) ☐ is attached hereto ☒ was filed on November 9, 2001, Docket No. S-97,794, S/N 10/052.862.

I (We) hereby state that I (we) have reviewed and understand the contents of the above-identified specification, including claims, as amended by any amendment referred to above.

I (We) acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I (We) hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

Number	Country	Filed (Day/Month/Year)
--------	---------	------------------------

Priority  
Claimed  
☐ ☐  
Yes No

### PRIOR U.S. APPLICATIONS

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

60/100,250	September 10, 1998
(Application Number)	Filing Date

(Application Number)	Filing Date
----------------------	-------------

I (We) hereby claim the benefit under 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/393,543	September 10, 1999	Abandoned
Serial No.	Filing Date	Status

**POWER OF ATTORNEY**

As the named inventor(s), I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Names and Registration Nos.	Names and Registration Nos.
Ray G. Wilson 28,351 Milton D. Wyrick 29,993 Samuel M. Freund 30,459	Bruce H. Cottrell 30,620 Samuel L. Borkowsky 42,346
<u>Send Correspondence To:</u> Samuel L. Borkowsky LC/IP, MS A187 Los Alamos National Laboratory Los Alamos, NM 87545	<u>Direct Telephone Calls to:</u>  Samuel L. Borkowsky (505) 665-3111



COPY OF PAPERS  
ORIGINALLY FILED

**DECLARATION**

I (We) hereby declare that all statements made herein of my (our) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Karen M. Grace		<i>Karen M Grace</i>	
Full Name of Inventor		Signature	
Ranchos de Taos, New Mexico		5/17/02	
Residence (City, State or Foreign Country)		Date	
PO Box 517, Ranchos de Taos, New Mexico 87557		US	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Basil I. Swanson		<i>Basil I Swanson</i>	
Full Name of Inventor		Signature	
Los Alamos, New Mexico 87544		5/25/02	
Residence (City, State or Foreign Country)		Date	
3463 Urban Street, Los Alamos, New Mexico 87544		US	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Seppo Honkanen			
Full Name of Inventor		Signature	
Tucson, Arizona 85750			
Residence (City, State or Foreign Country)		Date	
5431 N. Indian Trail, Tucson, Arizona 85750		Finland	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	

20040901 232501



H3

**COMBINED DECLARATION AND POWER OF ATTORNEY**

As the below named inventor(s), I (we) hereby declare that:

My (Our) residence, post office address and citizenship(s) are as stated below next to my (our) name(s).

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

WAVEGUIDE-BASED OPTICAL CHEMICAL SENSOR

the specification of which (check one) ☐ is attached hereto ☒ was filed on November 9, 2001, Docket No. S-97,794, S/N 10/052,862.

I (We) hereby state that I (we) have reviewed and understand the contents of the above-identified specification, including claims, as amended by any amendment referred to above.

I (We) acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR 1.56.

I (We) hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN APPLICATION(S)**

Number Country Filed (Day/Month/Year)

Priority  
Claimed  
☐ ☐  
Yes No

**PRIOR U.S. APPLICATIONS**

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

60/100,250 September 10, 1998  
(Application Number) Filing Date

\_\_\_\_\_  
(Application Number) Filing Date

I (We) hereby claim the benefit under 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

09/393,543 September 10, 1999 Abandoned  
Serial No. Filing Date Status

**POWER OF ATTORNEY**

As the named inventor(s), I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Names and Registration Nos.	Names and Registration Nos.
Ray G. Wilson 28,351 Milton D. Wyrick 29,993 Samuel M. Freund 30,459	Bruce H. Cottrell 30,620 Samuel L. Borkowsky 42,346
<u>Send Correspondence To:</u> Samuel L. Borkowsky LC/IP, MS A187 Los Alamos National Laboratory Los Alamos, NM 87545	<u>Direct Telephone Calls to:</u> Samuel L. Borkowsky (505) 665-3111

DECLARATION

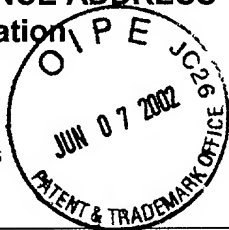
I (We) hereby declare that all statements made herein of my (our) own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

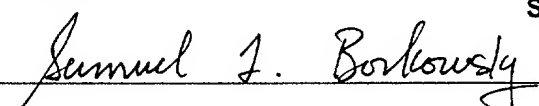
Karen M. Grace			
Full Name of Inventor		Signature	
Ranchos de Taos, New Mexico			
Residence (City, State or Foreign Country)		Date	
PO Box 517, Ranchos de Taos, New Mexico 87557		US	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Basil I. Swanson			
Full Name of Inventor		Signature	
Los Alamos, New Mexico 87544			
Residence (City, State or Foreign Country)		Date	
3463 Urban Street, Los Alamos, New Mexico 87544		US	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Seppo Honkanen			
Full Name of Inventor		Signature	
Tucson, Arizona 85750		5/17/02	
Residence (City, State or Foreign Country)		Date	
5431 N. Indian Trail, Tucson, Arizona 85750		Finland	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	
Full Name of Inventor		Signature	
Residence (City, State or Foreign Country)		Date	
Postal Address (Street, City, State, Zip Code)		Citizenship	

20050620 090701

Revised 03/29/02

<b>CHANGE OF CORRESPONDENCE ADDRESS</b> <b>Application</b> Address to: Commissioner for Patents Washington, DC 20231	Application Number	10/052,862
	Filing Date	November 9, 2001
	First Named Inventor	Karen M. Grace et al.
	Art Unit	
	Examiner Name	
	Attorney Docket Number	S-97,794



<input checked="" type="checkbox"/>	<b>Firm or Individual Name</b>					
<b>Address</b>		Los Alamos National Laboratory				
<b>Address</b>		LC/IP, MS A187				
<b>City</b>	Los Alamos	<b>State</b>	NM	<b>ZIP</b>	87545	
<b>Country</b>	USA					
<b>Telephone</b>	(505) 665-3111	<b>Fax</b>	(505) 665-4424			
I am the: <input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or Agent of record. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration No. <u>XXXXXX</u> .						
<b>Typed or Printed</b>		<b>Name</b>				
Samuel L. Borkowsky						
		<b>Signature</b>				
						
		<b>Date</b>				
		May 31, 2002				
NOTE: Signature of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
<input checked="" type="checkbox"/>	*Total of 1 form is submitted.					

20020902 232501